



08/28/03

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No: 22740-2		Total Pages: 16	
		First Named Inventor: Sandor Sipka et al			
		Title: Processes for Inhibiting Development of Allergic Disease			
		Express Mail Label No. EL981805650US			
(Only for new nonprovisional applications under 37 CFR 1.53(b))					
APPLICATION ELEMENTS			ADDRESSED TO:		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
See MPEP chapter 600 concerning utility patent application contents					
1. <input checked="" type="checkbox"/> Utility Patent Application Transmittal [Total Pages: 2] 2. <input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status, 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification, Claims and Abstract [Total Pages: 14] 4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets: ____] 5. Oath or Declaration [Total Pages: ____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 21 completed) [Note Box 6 below] i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			7. <input type="checkbox"/> Microfiche Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer readable copy b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
			Accompanying Application Parts		
			9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449) <input type="checkbox"/> Copies of Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) 17. <input type="checkbox"/> Other: _____		
17. FEE CALCULATION					
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	21 -20 =	1	x \$18 =	\$ 18.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 - 3 =	0	x \$84 =	\$ --
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$ --
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
				Total of above Calculations =	\$ 768.00
	Reduction by 50% for filing by small entity (37 CFR 1.27) =				\$ 384.00
				TOTAL =	\$384.00
18. <input type="checkbox"/> Please charge Deposit Account No. 04-1133 in the amount of \$ _____. 19. a. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. b. <input checked="" type="checkbox"/> Please charge the amount of \$384.00 to our Visa credit card account. Form PTO-2038 is attached. 20. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1133: a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16 b. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.17					

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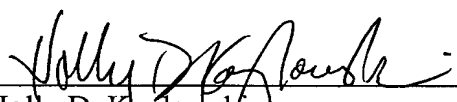
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21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____/_____, filed _____.					
22. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 24256 or <input type="checkbox"/> Correspondence Address Below					
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Respectfully submitted,



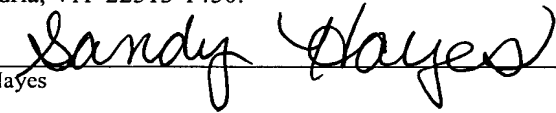
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 Sandy Hayes